### FORM D

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL							
OMB Number:	3235-0076						
Expires: May 31, 2005							
Estimated average burden							
hours per response 16.00							

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1						

UNIFORM LIMITED OFFERING EXEM	MPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Offering of limited liability company interests	-
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4( Type of Filing: Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	AUG 0 \$ 2004
1. Enter the information requested about the issuer	D
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	THOMSON FINANCIAL
Mt. Auburn Partners, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 321 Summer Street, Fifth Floor Boston, MA 02110	Telephone Number (Including Area Code) (617) 251-5635
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  Identification and acquisition of businesses	
business trust limited partnership, to be formed limite	(please specify):
Actual or Estimated Date of Incorporation or Organization: 06 04 X Actual Est Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	timated e:  DIE
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given to the date of the date it is received by the SEC at the address given to the date of the da	

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/o	
Milne, Joel					— Managing Pa	rtner
Full Name (Last name first, i	f individual)					
c/o Mt. Auburn Partners, LLC	321 Summer Stree	t, Fifth Floor Boston, MA	02110			
Business or Residence Addr						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/o Managing Pa	
Bernholz, Malte Full Name (Last name first, i	findividual)					
•	,					
c/o Mt. Auburn Partners, LLC Business or Residence Addre				· · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/o	
O'Connell, Michael Full Name (Last name first, i	f individual)		<u></u>			
345 South Figueroa Suite 303	,	90071				
Business or Residence Addre			ie)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Pa	
Northgate Partners, LLC Full Name (Last name first, in	e i dii d1)					
		,				
649 San Ramon Valley Blvd. Business or Residence Addre			ie)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Par	
Full Name (Last name first, in	f individual)					
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Cod	le)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Par	
Full Name (Last name first, if	findividual)					
Business or Residence Addre	ess (Number and S	reet, City, State, Zip Cod	e)	<u> </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Par	
Full Name (Last name first, if	individual)					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Cod	e)			· · · · · · · · · · · · · · · · · · ·
	(Use blank	sheet, or copy and use ac	ditional copies of this she	eet, as necessary)		

		9.4			B. INF	ORMATI	ON ABOU	T OFFER	UNG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?													
2. What is the minimum investment that will be accepted from any individual?									\$ 12,50	0.00			
												Yes	No
3.			permit join									$\boxtimes$	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state				
Ful	l Name (	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	(ip Code)						
Nar	ne of As	sociated B	roker or Dea	ler	-								
Sta	tes in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	·	- <u></u>				
	(Check	"All States	s" or check i	ndividual :	States)				•••••			All	States
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	НІ	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	l Name (	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ity, State, 2	Zip Code)						
<u> </u>		i-t-d D	oker or Dea	1		<u>-</u>							
Nan	ne of As	sociated Bi	oker or Dea	lier									
Stat	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check i	ndividual	States)	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •			All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	RI	NE SC	SD	NH TN	TX	UT	VT VT	NC VA	ND WA	OH W V	OK [	OR WY	PA
Full			first, if indiv										
Bus	iness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	Zip Code)				· <u>·</u>		
Nan	ne of Ass	sociated Br	oker or Dea	ler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							☐ All	States					
	AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA [	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI		MS	MO
	MT RI	SC	NV SD	NH	TX	UT	NY VT	NC VA	WA	OH V		OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering Pr		A	mount Already Sold
			100		301 <b>u</b>
	Debt			\$	
	Equity	425,00	0.00	\$	425,000.00
	Common Preferred				
	Convertible Securities (including warrants)	<u>.</u>		\$	
	Partnership Interests	<u> </u>		\$	
	Other (Specify)			<b>\$</b>	
	Total\$	425,000	0.00	\$_	425,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		Number Investors		I	Dollar Amount of Purchases
	Accredited Investors		16	\$_	425,000.00
	Non-accredited Investors			\$_	
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	ollar Amount Sold
	Rule 505			_ \$_	
	Regulation A			_ \$_	
	Rule 504	·		_ S	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			<u> </u>	
	Legal Fees		$\boxtimes$	\$	3,000.00
	Accounting Fees			\$	
	Engineering Fees		$\Box$	\$	<del></del>
	Sales Commissions (specify finders' fees separately)		$\Box$	\$	
	Other Expenses (identify)			\$ \$	
	Total		$\boxtimes$	\$	3,000.00

	C OFFERING PRICE NUM	BER OF INVESTORS	EXPENSES AND USE OF	PRO	EEDS		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C— proceeds to the issuer."	Question 4.a. This diff	crence is the "adjusted gros	S		s	422,000.00
	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate, The total of proceeds to the issuer set forth in response to Par	purpose is not know the payments listed n	vn, furnish an estimate and nust equal the adjusted gross	i			
			•		Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees						
	Purchase of real estate		••••••	□ s _			
	Purchase, rental or leasing and installation of mac			∏s		∏s	
	Construction or leasing of plant buildings and fac						
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ue of securities involus	ved in this other				
	issuer pursuant to a merger)						
	Repayment of indebtedness						·
	Working capital						
	Other (specify):						
			****	∏s		∏s	
	Column Totals					⊠s.	102,000.00
	Total Payments Listed (column totals added)	************************		•	<b>⊠</b> s	422,00	00.00
		D: FEDERAL SIGI	NATURE				
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fun information furnished by the issuer to any non-accu-	nish to the U.S. Secur	ities and Exchange Commi	ssion,	upon writter	le 505, 1 reque	the following
Issu	er (Print or Type)	Signature	-	Date			
Mt.	Auburn Partners, LLC	100	$\langle - \rangle$	July	7, 2004		
Nam	e of Signer (Print or Type)	Title of Signer (Prin					
	JOEL MILNE	MANA	7UER_				

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)